



Revised 8/02

APPLICATION NUMBER (FOR LCC USE ONLY) \_\_\_\_\_

# LCC GRANT APPLICATION

APPLICATION MUST BE TYPED.

- Before completing this form be sure to check the guidelines of the LCC to which you are applying ([www.mass-culture.org/lcc\\_public.asp](http://www.mass-culture.org/lcc_public.asp)).
- Supplemental Questions are required for capital expenditure requests and LCC-originated projects.

This application is being submitted to the \_\_\_\_\_ LCC.

## APPLICANT INFORMATION

Federal Employee ID #/Social Security # \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact City/State/Zip \_\_\_\_\_

Applicant Phone/TTY \_\_\_\_\_

Contact Phone Day/Evening \_\_\_\_\_

Applicant E-mail Address \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

Applicant Web Site \_\_\_\_\_

## PROJECT INFORMATION

Project Title \_\_\_\_\_ Amount Requested from this LCC \$ \_\_\_\_\_

1. Project Description: Summarize the proposed project in the space provided. (Describe who is the target audience; what will happen; when and where it will occur; and how the project will be executed. NOTE: You may provide additional narrative on a separate sheet of paper, but you *must* summarize the project here.)

2. Describe the planning done for this project in terms of process, and who or what organizations was/were involved as partners or advisors. How would partial funding impact this project?

3. Explain how this project will reach and benefit the citizens of *this* community. How will you know the project is successful? (Include promotion, expected results and plans for evaluation.)

4. Please detail the qualifications of key artists, humanists, interpretive scientists or organizations involved with leading the cultural component of this project. **Application will be considered incomplete without this information.** (Please attach resumes.)

## BUDGET INFORMATION

Total Project Cost \$ \_\_\_\_\_

Matching Funds\* \$ \_\_\_\_\_ Source of Matching Funds \_\_\_\_\_

\* Capital expenditures must have a 2:1 match. Check with the local cultural council to see if there are any additional match requirements.

### PROJECT EXPENSES

#### A. Salaries/Fees

1. Artist/Humanist/  
Interpretive Scientist \$ \_\_\_\_\_  
2. Administrative \$ \_\_\_\_\_  
3. Other \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL Section A \$ \_\_\_\_\_

#### B. Space Rental

\$ \_\_\_\_\_

#### C. Travel

\$ \_\_\_\_\_

#### D. Marketing

\$ \_\_\_\_\_

#### E. Remaining Project Expenses

1. Equipment Rental \$ \_\_\_\_\_  
2. Project supplies or consumables \$ \_\_\_\_\_  
3. Printing \$ \_\_\_\_\_  
4. Shipping/Postage \$ \_\_\_\_\_  
5. Utilities/Telephone \$ \_\_\_\_\_  
6. Insurance \$ \_\_\_\_\_  
7. Other \_\_\_\_\_ \$ \_\_\_\_\_  
8. Ensuring Access \$ \_\_\_\_\_  
TOTAL Section E \$ \_\_\_\_\_

#### F. Capital Expenditures

\$ \_\_\_\_\_

#### G. TOTAL PROJECT EXPENSES\*

(Sum of Totals in Sections A - F) \$ \_\_\_\_\_

### PROJECT INCOME

#### A. Earned Income

\$ \_\_\_\_\_

#### B. Non-Government

1. Corporate/Business \$ \_\_\_\_\_  
2. Clubs and Organizations \$ \_\_\_\_\_  
3. Other \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL Section B \$ \_\_\_\_\_

#### C. Government

1. Other Local Cultural Councils \$ \_\_\_\_\_  
(Attach list specifying  
LCC names and \$)  
2. Other MCC Programs \$ \_\_\_\_\_  
\_\_\_\_\_  
3. Other (Municipal, School, etc.) \$ \_\_\_\_\_  
\_\_\_\_\_

TOTAL Section C \$ \_\_\_\_\_

#### D. Applicant Cash

\$ \_\_\_\_\_

#### E. Amount Requested from this LCC

\$ \_\_\_\_\_

#### F. In-Kind Contributions

\$ \_\_\_\_\_

(donated space, materials and/or services)

#### G. TOTAL PROJECT REVENUE\*

(Sum of Totals in Sections A - F) \$ \_\_\_\_\_

\*NOTE: Total Project Expenses and Total Project Revenue must be equal.

**Authorized Signature:** The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgement will be given to the Massachusetts Cultural Council and the granting local cultural council, if this application is approved. This person also agrees that reasonable accommodations will be made to insure that people with disabilities have equal physical and communications access, as defined by federal law and as outlined in the MCC's LCC Program Regulations and Guidelines.

Signature

Title

Date

FOR LOCAL/REGIONAL CULTURAL COUNCIL USE ONLY

SUBMITTED BY DEADLINE? ☐ Yes ☐ No

\$

Amount Approved

Signature of LCC Chair or Authorized LCC Member

Title

Date